

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2021
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 65 residents with 16 included in the sample. Based on observation, interview, and record review the facility failed to include the resident in the development and planning of the resident's care plan and failed to have regular care plan meetings for Resident (R) 49.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident (R) 49's signed Physician order [MEDICAL RECORD OR PHYSICIAN ORDER] . <p>The Annual Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident had no behaviors. The resident required supervision and limited assistance of one staff with daily care. The resident received the following medications in the seven-day observation period: daily insulin injections, antipsychotic, antianxiety, antidepressant, anticoagulant, diuretic, and opioid medications.</p> <p>The Quarterly MDS dated [DATE] revealed intact cognition. The assessment reviewed with no significant changes noted from annual assessment on 12/20/20.</p> <p>The Multidisciplinary Care Plan Review dated 09/22/21 revealed only dietary had documented input and the rest of the disciplines were blank. The form said it was In Progress.</p> <p>No other Care Plan notes were found in the Electronic Medical Record (EMR) reviewed back to 12/30/20.</p> <p>Observation on 11/17/21 03:40 PM revealed the resident laid in bed listening to music and resting and enjoying her music. The resident was talkative and visited freely with surveyor.</p> <p>Observation on 11/23/21 at 03:00 PM revealed the resident working with physical therapist and working on standing from her wheelchair. The resident visited with the therapist.</p> <p>On 11/17/21 03:40 PM the resident reported she had not had a care plan meeting in a long time. She thought it was because she had been here a long time and had nothing else to review. She stated she had no guardian, so she thought that might be also be why.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 175452	Facility ID: 175452 If continuation sheet Page 1 of 23

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/22/21 at 03:40 PM Social Service staff K reported it probably has been quite a while since R49 had a care plan meeting.</p> <p>Interview on 11/23/21 at 10:30 AM revealed Administrative Nurse B reported the facility was behind in the assessments and care plans. She tried to work on the issue, but she was new to the position and was helping with nursing. Administrative Staff B said hopefully when the facility got a new MDS Coordinator things would get caught up.</p> <p>The April 2009 facility policy Care Plans revealed the care plan should incorporate goals and objectives that lead to the resident's highest obtainable level of independence and care plan were reviewed and revised at least quarterly.</p> <p>The facility failed to include the resident in the development and planning of the resident's care plan by the failure to have regular care plan meetings, which included the resident.</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility census totaled 65 residents. Based on observation, interview, and record review the facility failed to protect female resident in the facility when staff failed to adequately monitor Resident (R)30 after an allegation of resident to resident sexual abuse (reported to the facility involving R30 and R7) on the evening of 11/18/21. Less than eight hours later, and after the facility implemented 15-minute checks, leading to a subsequent allegation of resident to resident sexual abuse alleging R30 went into R69's room for 30 to 45 minutes (as reported by R30) in the early morning of 11/19/21. R69 reported feeling unsafe and stated a man came into her room and she fought him off and said no. This deficient practice placed R69, and the other female residents in the facility in immediate jeopardy.</p> <p>Findings included:</p> <p>- The September 2021 Physician order [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>The Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included R30 required supervision with walking in his room and in corridors.</p> <p>Review of the Annual MDS dated [DATE] revealed a BIMS score of 15 which indicated intact cognition, R30 required supervision with walking in his room and in corridors.</p> <p>The Care Plan dated 05/04/21 revealed R30 ambulated with supervision and with a cane. R30 had a previous consensual relationship with a female resident and had visited each other in their rooms. The other resident expressed she no longer wanted R30 to visit her room. Both residents signed a contract with each other stating they would no longer visit each other in their rooms and would notify administration if at any time this changed. R30 voiced no concerns and stated he would no longer attempt to pursue their relationship. (The care plan lacked identification of the female resident mentioned in the care plan.)</p> <p>An interview on 11/18/21 at 11:30 AM during the initial resident screening portion of the resurvey, R31 reported there was something bad going on in the facility and residents were being harmed. He reported one male resident was taking advantage of the ladies in the facility and this has been going on for a long time. R31 stated R30 preyed on the women who go out to smoke. R31 stated he would see R30 go in the rooms of female residents and would not come out for a couple of hours.</p> <p>An interview on 11/18/21 at 02:10 PM, R31 stated R30 spent hours in R7's (who according to the October 2021 Physician order [MEDICAL RECORD OR PHYSICIAN ORDER] . R31 stated R7 told him that R30 had touched her on her breasts and pelvic area and she slapped him.</p> <p>Observation on 11/18/21 at 03:37 PM revealed R30 walked with a cane down the 400 hall and touched R26 on her left arm as he passed by her, when she was in her wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 11/18/21 at 05:10 PM, Administrative Staff A and Administrative Nurse M were informed of the situation concerning R30 and the allegations of sexual abuse. Administrative Staff A stated this was, All new to them and they did not know anything about the situation. Administrative Staff A stated they would investigate these allegations and monitor R30 while they investigated the situation.</p> <p>The Resident Monitoring form dated 11/18/21 revealed R30 was placed on 15-minute checks starting at 06:00 PM and was completed starting at 06:00 PM on 11/18/21 through 11:00 AM on 11/19/21 when R30 was placed on one-on-one monitoring.</p> <p>The Health Status Note dated 11/19/21 at 05:36 PM revealed, on 11/19/21 at 10:37AM staff notified Administrative Nurse B of an abuse allegation. Administrative Nurse B and Social Services Staff K interviewed R69 at 10:40 AM. R69 stated she did not feel safe in the facility, and stated a black man came into her room and tried to touch her. R69 stated she fought him off and told him No and he left. R69 could not to give the name of this man but stated, He is a tall thin black man that I smoke with. The staff notified Administrative Staff A and R30 was changed from 15-minute checks to being monitored one-on-one pending investigation.</p> <p>The Health Status Note dated 11/23/21 at 03:29 PM revealed, R30 agreed with the doctor's order to go to behavioral unit. The behavioral unit was contacted, a referral was sent with labs. Facility staff transported R30 to the behavioral unit. R30 was alert, aware, and acknowledged understanding.</p> <p>Review of the timeline of events provided by Administrative Staff A on 11/22/21 revealed R30 told the police he went into R69's room around 12:00 AM (11/19/21) and was there for 30-45 minutes, and said he rubbed R69's back until she asked him to stop, and he then left when R31 arrived to go smoke.</p> <p>The Complaint Investigation Witness Statement dated 11/19/21 revealed Administrative Nurse B asked R69 if she felt safe in facility. R69 nodded no and stated, A black man came to my room and tried to touch me, I fought him off and told him no and he left. Administrative Nurse B asked for description of the alleged perpetrator and was told he was a tall, black man that I smoke with.</p> <p>During an interview on 11/23/21 at 09:47 AM, Administrative Staff A stated when staff informed her of the alleged incident concerning R69 and R30 on 11/19/21, the staff told R30 not to go into any female resident rooms and then initiated one-on-one surveillance for R30. Administrative Staff A affirmed R30 was on 15-minute checks at the time of this alleged incident.</p> <p>Review of the undated Abuse, Neglect and Exploitation policy revealed, If the suspected perpetrator is another resident, the DON or administrator shall separate the residents so they do not have access to each other until the circumstances of the alleged incident can be determined.</p> <p>The facility failed to protect female residents in the facility when staff failed to adequately monitor R30 after an allegation of resident to resident sexual abuse which potentially put all female residents in the facility at risk.</p> <p>(continued on next page)</p>		

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F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>The facility presented an acceptable plan for removal of the immediate jeopardy on 11/23/21 at 07:24 PM, which included the placement of R30 on one-on-one monitoring until he was discharged to a local behavior unit on 11/23/21. All female residents at the facility were interviewed by the Social Service Director and stated they felt safe. The facility notified the police department and the police interviewed the residents, and staff, and did not substantiate the allegation. The facility notified the physician about the incident and gave orders to admit R30 to a behavior unit of the R30's preference. R30 was admitted to a behavior unit on 11/23/21 due to sexual inappropriateness. The facility implemented Abuse, Neglect, and Exploitation staff training on 11/19/21 and completed on 11/23/21.</p> <p>The survey team validated the immediate jeopardy removal on 11/23/21 following the facility's implementation of the plan for removal of the immediate jeopardy.</p> <p>The deficient practice remained at a scope and severity of an E.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>The facility census totaled 65 residents with 11 reviewed for Minimum Data Set assessments later than 120 days with no assessment completed. Based on interview and record review the facility failed to complete a comprehensive MDS assessment by the due date of 10/19/21 for Resident (R)10.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R10's Electronic Medical Record revealed the resident had a Quarterly Minimum Data Set (MDS) completed on 07/19/21. The resident had an annual MDS started on 10/19/21, however the assessment was not completed, as required. <p>Interview on 11/22/21 at 11:00 AM Administrative Staff A reported the facility had no MDS coordinator but hired one who will start that position on 12/11/21. She thought another facility was helping part time to do the MDS assessments and would have to contact the corporate office to let them know assessments were not being done.</p> <p>Review of the July 2017 facility policy named MDS Completion and Submission Time Frame revealed the facility would conduct and submit resident assessments in accordance with current federal and state submission timeframes. The Assessment Coordinator or designee was responsible for ensuring resident assessments were submitted in accordance with current federal and state guidelines.</p> <p>The facility failed to complete a comprehensive assessment by the due date of 10/19/21 for R10.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>The facility census totaled 65 residents with 11 residents reviewed for Minimum Data Set assessments later than 120 days, with no assessment completed. Based on interview and record review the facility failed to complete Quarterly MDS assessments as required by State and Federal regulations not less frequently than once every three months for 10 residents who had quarterly assessments due and not completed. Resident (R) 7, R9, R8, R3, R6, R5, R2, R14 and R4.</p> <p>Findings included:</p> <p>- On 11/22/21 at 10:46 AM the Electronic Medical Record revealed the following Quarterly MDS assessments no completed for the following residents and dates due:</p> <p>R3's quarterly MDS due on 10/05/21, not completed.</p> <p>R2's quarterly MDS due on 10/05/21, not completed.</p> <p>R4's quarterly MDS due on 10/07/21, not completed.</p> <p>R5's quarterly MDS due on 10/07/21, not completed.</p> <p>R6's quarterly MDS due on 10/08/21, not completed.</p> <p>R7's quarterly MDS due on 10/14/21, not completed.</p> <p>R14's quarterly MDS due on 10/14/21, not completed.</p> <p>R9's quarterly MDS due on 10/15/21, not completed.</p> <p>R8's quarterly MDS due on 10/15/21, not completed.</p> <p>Interview on 11/22/21 at 11:00 AM Administrative Staff A reported the facility did not have a MDS coordinator, but hired one who will start in that position on 12/11/21. She thought another facility was helping part-time to do MDS assessments and would have to contact the corporate office to let them know assessments were not being done.</p> <p>Review of the July 2017 facility policy named MDS Completion and Submission Time Frame revealed the facility would conduct and submit resident assessments in accordance with current federal and state submission timeframes. The Assessment Coordinator or designee was responsible for ensuring resident assessments were submitted in accordance with current federal and state guidelines.</p> <p>The facility failed to complete Quarterly MDS assessments as required by State and Federal regulations not less frequently than once every three months for 10 residents who had quarterly assessments due and not completed.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 65 residents with 16 sampled which included two for respiratory care. Based on observation, interview, and record review the facility failed to provide safe and sanitary care for oxygen tubing to help prevent the development and transmission of diseases and infections for both Resident (R) 64, and R69.</p> <p>Findings Included:</p> <p>- R64's Electronic Health Record (EHR) documented the diagnosis [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>The 02/08/21 Admission Minimum Data Set (MDS) documented a Brief Interview for Mental status (BIMS) of 15, indicating intact cognition.</p> <p>The 02/02/21 Care Plan documented R64 had [CONDITION(S)]. Staff were to monitor R64 for signs or symptoms of acute respiratory insufficiency and respiratory infection. R64 had oxygen (O2) therapy, as needed (PRN).</p> <p>The EHR documented on 02/01/21 R64 had an order for [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>On 11/18/21 at 08:11 AM, observation revealed R64's O2 mask hung over the concentrator with no storage bag.</p> <p>On 11/29/21 at 10:30 AM, observation revealed R64's O2 tubing and humidifier bottle were not dated, and the nebulizer tubing laid on the night table with no bag for storage.</p> <p>On 11/18/21 at 08:11 AM Licensed Nurse (LN) E stated he had just replaced her O2 mask the resident had removed and said the resident was to have her O2 on continuous.</p> <p>On 11/29/21 at 10:30 AM Administrative Nurse B confirmed all tubing should be kept in a storage bag on the back of the concentrator when not in use. Nebulizer tubing should be stored the same with the dates on both.</p> <p>The facility Oxygen Administration policy revised October 2010 lacked any mention of oxygen tubing change, humidifier bottle change, or care and storage of either.</p> <p>The facility failed to provide respiratory care consistent with professional standards of practice for R64.</p> <p>- R69's Electronic Health Record (EHR) documented a diagnosis [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. R69 used oxygen (O2) therapy.</p> <p>The Baseline Care Plan dated 11/04/21 revealed R69 received O2.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Physicians Orders documented that as of 11/04/21 R69 had an order for [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>On 11/17/21 03:55 PM R69's O2 tubing was wadded up on the bedside table along with the nebulizer equipment. There was no storage bag, no date on nebulizer, and no date on the humidifier bottle or O2 tubing.</p> <p>On 11/22/21 at 09:00 AM Certified Nurse Aid (CNA) F reported the resident does not leave her O2 tubing alone, and she did not know where it should be stored.</p> <p>On 11/22/21 at 09:35 AM Licensed Nurse (LN) J confirmed the O2 tubing and nebulizer tubing should be kept in a storage bag on the back of the concentrator when not in use. The tubing and bottle should be dated when changed and was changed on night shift, so she did not know when staff last changed them.</p> <p>On 11/29/21 at 10:30 AM Administrative Nurse B confirmed all tubing should be kept in a storage bag on the back of the concentrator when not in use and nebulizer tubing should be stored the same, with the dates on both.</p> <p>The facility Oxygen Administration policy revised October 2010 lacked any mention of oxygen tubing change, humidifier bottle change, or care and storage of either.</p> <p>The facility failed to provide respiratory care consistent with professional standards of practice for R69.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility census totaled 65 residents, with 16 included in the sample, and five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to provide pharmaceutical services by the failure of staff to administer insulin (a hormone which regulates blood sugar) according to the physician orders to Resident (R)51.</p> <p>Findings Included:</p> <p>- The Physician Orders in the Electronic Health Record (EHR) documented R51 with a diagnosis of type 2 diabetes (when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin).</p> <p>The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of nine, which indicated moderately impaired cognition. R51 received insulin daily.</p> <p>The Quarterly MDS dated [DATE] documented a BIMS score of six, which indicated severely impaired cognition. R51 received insulin daily.</p> <p>The 03/19/2021 Care Plan documented R51 had diabetes mellitus. Interventions included to administer insulin as ordered and monitor for effectiveness and side effects, and to obtain fasting serum blood sugar levels as ordered by the doctor.</p> <p>The Physicians Orders documented the following:</p> <p>03/17/21, blood glucose monitoring before meals and at bedtime for diabetes mellitus.</p> <p>07/07/21, [MEDICATION(S)] insulin (long [MEDICATION(S)] insulin) 100 units/milliliter (ml) (Insulin Degludec) inject 18 units subcutaneously at bedtime for diabetes mellitus.</p> <p>There were no parameters for insulin administration noted in the EHR.</p> <p>The Electronic Medication Administration Record (EMAR) from 09/01/21-09/30/21 revealed staff did not administer insulin on 09/01/21, 09/06/21, and 09/08/21 and did not document a rationale for lack of administration.</p> <p>The EMAR from 10/01/21-10/31/21 documented the staff did not administer R51's insulin on 10/15/21, and did not document a rationale for lack of administration.</p> <p>The EMAR from 11/01/21-11/27/21 documented the staff did not administer R51's insulin on 11/01/21, 11/03/21, 11/06/21, 11/11/21, 11/16/21, and 11/25/21, and did not document a rationale for lack of administration.</p> <p>Observation on 11/22/21 at 09:30 AM revealed R51 in the common's area with a walker speaking with a staff member.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/29/21 at 11:06 AM Licensed Nurse E, stated R51 only received [MEDICATION(S)] in the evening.</p> <p>11/29/21 at 03:39 PM Administrative Nurse B stated she expected [MEDICATION(S)] to be administered daily, according to the physician's orders. She stated she could not answer why [MEDICATION(S)] was not administered six times during November and stated there were no parameters for insulin. She stated she had worked with R51's physician for years and he does not normally give parameters for not administering insulin. If anything, the endocrinologist would yell at you for not giving long acting insulin.</p> <p>The Administering Medications policy revised April 2019 documented Medications are administered in accordance with prescriber orders .</p> <p>The facility failed to provide pharmaceutical services by not administering insulin for R51 according to the physician orders, and failed to document why the staff did not administer R51's insulin.</p>		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 65 residents, with 16 included in the sample, and five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to ensure the pharmacist identified and reported missing documentation concerning the lack of administration of [MEDICATION(S)] (very long acting insulin) insulin (a hormone which regulates blood sugar) for R51 and missing blood sugar documentation for R11.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The Physician Orders in the Electronic Health Record (EHR) documented R51 with a diagnosis of type 2 diabetes (when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). <p>The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of nine, which indicated moderately impaired cognition. R51 received insulin daily.</p> <p>The Quarterly MDS dated [DATE] documented a BIMS score of six, which indicated severely impaired cognition. R51 received insulin daily.</p> <p>The 03/19/2021 Care Plan documented R51 had diabetes mellitus. Interventions included to administer insulin as ordered and monitor for effectiveness and side effects, and to obtain fasting serum blood sugar levels as ordered by the doctor.</p> <p>The Physicians Orders documented the following:</p> <p>03/17/21, blood glucose monitoring before meals and at bedtime for diabetes mellitus.</p> <p>07/07/21, [MEDICATION(S)] insulin (long [MEDICATION(S)] insulin) 100 units/milliliter (ml) (Insulin Degludec) inject 18 units subcutaneously at bedtime for diabetes mellitus.</p> <p>There were no parameters for insulin administration noted in the EHR.</p> <p>The Electronic Medication Administration Record (EMAR) from 09/01/21-09/30/21 revealed staff did not administer insulin on 09/01/21, 09/06/21, and 09/08/21 and did not document a rationale for lack of administration.</p> <p>The EMAR from 10/01/21-10/31/21 documented the staff did not administer R51's insulin on 10/15/21, and did not document a rationale for lack of administration.</p> <p>Observation on 11/22/21 at 09:30 AM revealed R51 in the common's area with a walker speaking with a staff member.</p> <p>On 11/29/21 at 11:06 AM Licensed Nurse E, stated R51 only received [MEDICATION(S)] in the evening.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/21 at 01:36 PM Administrative Nurse B stated she expected the consulting pharmacist to notify the facility of any missing documentation regarding [MEDICATION(S)] administration in the MAR.</p> <p>An attempt to reach the consultant pharmacist for an interview on 11/30/21 at 11:06 AM was unsuccessful.</p> <p>The Pharmacy Services - Role of the Consultant Pharmacist policy revised April 2019 documented The consultant pharmacist shall provide consultation on all aspects of pharmacy services in the facility and collaborate with facility and medical director to: . Strive to assure that medications are . administered in a timely manner as ordered by the authorized prescriber.</p> <p>The facility failed to ensure the pharmacist identified and reported missing documentation concerning the lack of administration of [MEDICATION(S)] (very long acting insulin) insulin as ordered for R51.</p> <p>- The signed November 2020 Physician Order Summary (POS) for R11 revealed a diagnosis of diabetes mellitus (when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin).</p> <p>The Significant Change Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition and R11 received insulin daily in the seven-day review period.</p> <p>The Quarterly MDS dated [DATE] revealed a BIMS score of 15 and R11 received insulin daily in the seven-day review period.</p> <p>The Care Plan dated 05/21/19 revealed R11 had a diagnosis of diabetes mellitus. Staff were to administer insulin as ordered by the physician and complete fasting serum blood sugar and blood sugar checks two hours after meals, as ordered.</p> <p>A review of the Physician Orders included the following:</p> <p>An order dated 11/11/20 for staff to obtain Accuchecks (a measuring system used for monitoring of blood glucose levels) before meals (AC) and at bedtime (HS) and notify the physician of blood glucose less than 50 milligrams/deciliter (mg/dL) or greater than 500 mg/dL for R11.</p> <p>The September 2021 Electronic Medication Administration Record (EMAR) lacked evidence blood glucose levels were completed on 09/20/21 at 11:00AM, 09/25/21 at 08:00 PM and on 09/29/21 at 11:00 AM.</p> <p>The October 2021 EMAR lacked evidence blood glucose levels were completed on 10/06/21 at 08:00 AM, 10/07/21 at 04:00 PM, 10/09/21 at 08:00 PM, and on 10/20/21 at 08:00 PM. The EMAR documented R11's blood glucose level of 530 mg/dL on 10/19/21, with no evidence the nursing staff notified the physician as ordered for blood sugars that exceeded parameters.</p> <p>The November 2021 EMAR lacked evidence blood glucose levels were completed on 11/03/21 at 08:00 PM, 11/06/21 at 04:00 PM, 11/07/21 at 11:00 AM, 11/12/21 at 04:00 PM, and on 11/23/21 at 04:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Pharmacy Consultant Reports from December 2020 through October 2021 lacked evidence the pharmacist identified the missing documentation on the EMAR.</p> <p>An observation on 11/22/21 at 09:30 AM revealed R11 rested in his bed. R11 did not exhibit any signs or symptoms of anxiety, depression and did exhibit any negative behaviors.</p> <p>During an interview on 11/29/21 at 10:30 AM, Licensed Nurse (LN) O stated the nurses checked blood sugars for R11 and notified the physician of any blood sugar results out of parameters and should right a progress note to document the notification.</p> <p>During an interview on 11/29/21 at 04:48 PM, Administrative Nurse B stated she expected nursing staff to follow orders to obtain blood glucose levels as ordered and to document blood sugars in the EMAR. Administrative Nurse B stated she expected nursing staff to report any blood sugars out of parameter and to document this in the progress notes.</p> <p>An attempt to reach the consultant pharmacist for an interview on 11/30/21 at 11:06 AM was unsuccessful.</p> <p>The Pharmacy Services - Role of the Consultant Pharmacist policy revised April 2019 documented The consultant pharmacist shall provide consultation on all aspects of pharmacy services in the facility and collaborate with facility and medical director to: . Strive to assure that medications are . administered in a timely manner as ordered by the authorized prescriber.</p> <p>The facility failed to ensure the consultant pharmacist identified and reported missing documentation concerning blood sugar levels as ordered and the failure to notify the physician of a blood sugar level greater than 500 mg/dL, for R11.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility census totaled 65 residents, with 16 included in the sample, and five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to ensure the adequate monitoring of insulin, when staff did not obtain physician ordered blood glucose (blood sugar) levels for three diabetic residents: Resident (R)11, R29 and R49. The facility also failed to ensure adequate monitoring of antihypertensive medication when staff did not obtain pulses prior to administration of [MEDICATION(S)] for R29.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The signed November 2020 Physician order [MEDICAL RECORD OR PHYSICIAN ORDER] .) <p>The Significant Change Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition and R11 received insulin daily in the seven-day review period.</p> <p>The Quarterly MDS dated [DATE] revealed a BIMS score of 15 and R11 received insulin daily in the seven-day review period.</p> <p>The Care Plan dated 05/21/19 revealed R11 had a diagnosis [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>A review of the Physician order [MEDICAL RECORD OR PHYSICIAN ORDER]</p> <p>An order dated 11/11/20 for staff to obtain Accuchecks (a measuring system used for monitoring of blood glucose levels) before meals (AC) and at bedtime (HS) and notify the physician of blood glucose less than 50 milligrams/deciliter (mg/dL) or greater than 500 mg/dL.</p> <p>The September 2021 Electronic Medication Administration Record [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>The October 2021 EMAR lacked evidence blood glucose levels were completed on 10/06/21 at 08:00 AM, 10/07/21 at 04:00 PM, 10/09/21 at 08:00 PM, and on 10/20/21 at 08:00 PM. The EMAR documented R11's blood glucose level of 530 mg/dL on 10/19/21, with no evidence the nursing staff notified the physician as ordered for blood sugars that exceeded parameters.</p> <p>The November 2021 EMAR lacked evidence blood glucose levels were completed on 11/03/21 at 08:00 PM, 11/06/21 at 04:00 PM, 11/07/21 at 11:00 AM, 11/12/21 at 04:00 PM, and on 11/23/21 at 04:00 PM.</p> <p>An observation on 11/22/21 at 09:30 AM revealed R11 rested in his bed. R11 did not exhibit any signs or symptoms of anxiety, depression and did exhibit any negative behaviors.</p> <p>During an interview on 11/29/21 at 09:21 AM, Certified Medication Aide (CMA) N stated the nurses obtained blood sugars on R11.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/29/21 at 10:30 AM, Licensed Nurse (LN) O stated the nurses checked blood sugars for R11 and notified the physician of any blood sugar results out of parameters and should right a progress note to document the notification.</p> <p>During an interview on 11/29/21 at 04:48 PM, Administrative Nurse B stated she expected nursing staff to follow orders to obtain blood glucose levels as ordered and to document blood sugars in the EMAR. Administrative Nurse B stated she expected nursing staff to report any blood sugars out of parameter and to document this in the progress notes.</p> <p>The facility did not provide a policy concerning blood glucose documentation as requested on 11/30/21.</p> <p>The facility failed to ensure the adequate monitoring of insulin when staff failed to obtain blood sugar levels as ordered and did not notify the physician of a blood sugar level greater than 500 mg/dL, for R11.</p> <p>- Resident (R) 29's signed physician orders [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>The Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. The resident required limited assistance with transfers. The resident was continent of bowel and bladder. The resident weighed 511 pounds and had no skin issues. The resident received insulin, antidepressant, diuretic, and opioid medications.</p> <p>The Annual MDS dated [DATE] revealed intact cognition. The resident received pain medications on schedule and on an as needed basis with no pain complaint from resident. There were no changes in medications or oxygen usage from the 07/02/21 MDS.</p> <p>The Care Plan dated 01/31/21 revealed the resident had diabetes. The staff were to obtain blood sugar levels per orders (Accuchecks) and notify the physician for blood sugar less than 50 milligrams per deciliter (mg/dL) or greater than 400 mg/dL. The staff were to administer diabetes medication as ordered by the doctor and monitor/document for side effects and effectiveness.</p> <p>Physician orders [MEDICAL RECORD OR PHYSICIAN ORDER]</p> <p>[MEDICATION(S)] tablet 6.5 milligrams (mg) give two tabs twice a day (BID) and to hold if the pulse was less than 60 beats per minute, 09/15/21.</p> <p>Insulin [MEDICATION(S)] Solution 100 units/milliliter (ml) inject two units subcutaneous (SQ) with meals for diabetes mellitus and increased to six units on 11/23/21. The order noted to hold if the blood sugar was less than 100 mg/dL.</p> <p>[MEDICATION(S)] Solution, inject six units SQ every 12 hours for diabetes mellitus, 09/25/21.</p> <p>The Medication Administration Record [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Blood Glucose order for Accuchecks, three times a day and at bedtime (TID and HS) and to call the physician if blood sugar less than 50 mg/dL or blood sugar greater than 400 mg/dL) ordered though no documentation on:</p> <p>11/03/21 at 08:00 PM</p> <p>11/06/21 at 04:00 PM</p> <p>11/07/21 at 11:00 AM</p> <p>11/10/21 at 08:00 PM</p> <p>11/11/21 at 04:00 PM</p> <p>11/20/21 at 08:00 PM</p> <p>11/25/21 at 08:00 PM</p> <p>[MEDICATION(S)] Solution inject 6 units subcutaneous (SQ) every 12 hours with no documentation of being administered on 11/10/21, 11/15/21, 11/20/21 and 11/25/21. All missed doses from 08:00 PM.</p> <p>Physician orders [MEDICAL RECORD OR PHYSICIAN ORDER] . Hold if glucose less than 100 mg/dL.</p> <p>Observation on 11/22/21 at 04:50 PM revealed the resident lying in bed with clean linens on the bed. The resident reported she was doing good and had no complaints.</p> <p>On 11/29/21 at 09:00 AM Licensed Nurse E reported the resident took multiple medications and pain medications. We check her blood sugars four times a day and usually had no problems. Her blood sugars had been slowly coming up but remained within the parameters and the physician adjusted her insulin as he wants to.</p> <p>On 11/29/21 at 05:30 PM Administrative Nurse B reported she expected the blood sugars and vital signs to be taken as ordered and the medications given as ordered. She would have to review the medication records and do some teaching.</p> <p>A policy concerning documentation was requested on 11/30/21 but no pertinent policy was provided by the facility.</p> <p>The facility failed to ensure the resident was free of unnecessary medications by the failure to check pulses, obtain blood sugars, and administer medications as ordered.</p> <p>- Resident (R) 49's signed physician orders [MEDICAL RECORD OR PHYSICIAN ORDER] .</p> <p>The Annual Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The resident had no behaviors. The resident required supervision and limited assistance of one staff with daily cares. R49 received insulin injections, antipsychotic, antianxiety, antidepressant, anticoagulant, diuretic, and opioid medications daily in the seven-day observation period.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan dated 02/21/2020 revealed R49 had diabetes mellitus.</p> <p>Review of the signed physician orders [MEDICAL RECORD OR PHYSICIAN ORDER]</p> <p>Detemir insulin 100 units per milliliter (units/mL), inject 30 units subcutaneous (SQ) twice a day for diabetes, 06/18/21.</p> <p>Novolog solution inject, 15 units SQ with meals for diabetes mellitus, 02/25/21.</p> <p>Blood glucose monitoring four times a day for diabetes mellitus (call physician if blood sugar less than 50 or blood sugar greater than 400) and document ordered on 05/21/21.</p> <p>The Medication Administration Record [MEDICAL RECORD OR PHYSICIAN ORDER]</p> <p>11/03/21 at 08:00 PM</p> <p>11/06/21 at 05:00 PM</p> <p>11/07/21 at 11:00 AM</p> <p>11/11/21 at 05:00 AM</p> <p>11/18/21 at 05:00 AM</p> <p>11/20/21 at 08:00 PM</p> <p>The MAR for 11/01/21-11/30/21 revealed no Detemir insulin given as ordered on:</p> <p>11/10/21 at 08:00 PM</p> <p>11/15/21 at 08:00 PM</p> <p>11/20/21 at 08:00PM</p> <p>11/25/21 at 08:00PM</p> <p>Observation on 11/17/21 03:40 PM revealed the resident laid in bed listening to music and resting. The resident was awake and enjoying her music. The resident was talkative and visited freely with surveyor.</p> <p>Observation on 11/23/21 at 03:00 PM revealed the resident working with physical therapist and working on standing from her wheelchair. The resident visited with the therapist with no problems talking to him.</p> <p>On 11/23/21 at 11:15 AM Certified Medication Aide L reported the resident did pretty good at watching what she ate and knew when her blood sugars were low and needed something to eat. When she asked for something CMA L reported she notified the nurse to handle it for the resident.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/29/21 at 09:30 AM Licensed Nurse E reported the resident took multiple medications and pain medications. The staff checked her blood sugars four times a day and usually had no problems. Her blood sugars had been pretty stable, and he did not know the staff did not get her blood sugar levels or insulin at times.</p> <p>On 11/29/21 at 05:30 PM Administrative Nurse B reported she expected staff to obtain the blood sugars and vital signs as ordered and to administer medications as ordered.</p> <p>A policy concerning documentation was requested on 11/30/21 but no pertinent policy was provided by the facility.</p> <p>The facility failed to ensure the resident was free of unnecessary medications by the failure to monitor the efficacy of insulin, through the lack of blood sugars levels checked as ordered and the failure to administer medications as ordered.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 65 residents. Based on observation, record review, and interview the facility failed to properly date an opened [MEDICATION(S)] vial (a purified protein derivative used in a skin test to help diagnose [CONDITION(S)] infection in persons at increased risk of developing active disease). The facility further failed to remove a package of two [MEDICATION(S)] (used to treat allergy symptoms, nausea and vomiting, or used a sedative to help with sleep) suppositories (medication that is inserted into the rectum to be broken down and absorbed by the body) with an expiration date of [DATE].</p> <p>Findings included:</p> <p>- An observation of the facility's east and west medication rooms on [DATE] at 09:25 AM revealed a [MEDICATION(S)] test vial opened with no date on the box or vial in the east medication room and a package of two [MEDICATION(S)] suppositories with an expiration date of [DATE] in the west medication room.</p> <p>On [DATE] at 01:36 PM Administrative Nurse B stated she expected opened vials of medication to be dated and expired medication be removed and disposed of properly.</p> <p>The [DATE] Storage of Medications and Biologicals policy documented outdated . medications . are removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy, if a current order exists.</p> <p>The facility failed to properly date an opened [MEDICATION(S)] vial and remove a package of two expired [MEDICATION(S)] suppositories.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>The facility reported a census of 65 residents who all received their meals from one main kitchen. Based on observation, interview and record review the facility failed to prepare and serve food in a sanitary manner by the observation of roaches in the food prep area, on steam table and on plates used for the noon meal. This had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>- Observation on 11/18/21 at approximately 08:00 AM revealed a small live cockroach crawling off a tray of water and coffee dietary staff brought to the conference room.</p> <p>Observation on 11/22/21 at approximately 09:30 to 09:45 AM revealed three small, live cock cockroaches crawling in the hallway outside of the kitchen.</p> <p>During tour of the kitchen on 11/22/21 at 11:30 AM Dietary Staff C pureed salisbury steak and vegetables for four residents. During the process of pureeing the vegetables a live cockroach crawled across the cutting board where the utensils used by the staff and soiled dishes sat. DS C removed the cockroach using a napkin after carrying the cutting board to the sink. After that, another cockroach crawled on the floor. Continued observation, during serving of the meal, revealed a cockroach crawled across the serving plates in the plate rack and in between the plates followed by another small cockroach on the same plates. Dietary Staff D removed the remaining plates and took them to be rewashed. After clean plates were returned and serving continued another large cockroach crawled across the steam table in front of the food. Another cockroach was on the side of the refrigerator at the same time an additional cockroach crawled on the floor. A further cockroach then crawl across the floor in front of the ice machine. A total of seven live cockroaches witnessed in the kitchen, in food prep areas, from 11:30AM to 12:15 PM.</p> <p>On 11/22/21 at 12:10 PM Dietary Staff D stated they have had a little bit of a problem with cockroaches but maintenance sprays when we see any.</p> <p>On 11/22/21 at 12:15 PM Dietary Staff C stated the cockroaches were bad in the kitchen</p> <p>On 11/22/21 at 01:30 PM Administrative Staff A stated she had contacted a new pest control company and requested they spray for cockroaches every week for 30 days. The facility provided plastic totes to the residents to store personal food items in their rooms. Administrative Staff A also stated cockroaches were found in the motors of the residents' mini refrigerators and in the Administrator's office.</p> <p>Review of the October 2008 facility policy named Sanitation revealed the food service area shall be maintained in a clean and sanitary manner. All kitchen areas shall be kept clean, free of litter and protected from rodents, roaches and other insects.</p> <p>The facility failed to prepare and serve food in a sanitary manner by the observation of live cockroaches in the kitchen and food prep area, on the steam table, and on plates used for the noon meal.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>The facility reported a census of 65 residents. Based on observation, interview, and record review the facility failed to ensure nursing staff use Personal Protective Equipment (PPE) appropriately to reduce the risk of spread of infectious diseases.</p> <p>Findings Included:</p> <p>- On 11/18/21 at 08:11 AM, observation revealed Licensed Nurse (LN) E entered R64's room with just a mask on. R64 was on Transmission Based Precautions (TBP, the second tier of basic infection control and are to be used in addition to Standard Precautions) from her recent hospital stay. LN E entered the room and talked to the resident, put R64's O2 mask on and adjusted it. LN E then left the room and used hand sanitizer from the hall dispenser. There was a sign instructing the staff to don PPE and a PPE supply cart located outside of R64's room. There were 2 bins in R64's room for trash and linens.</p> <p>With the TBP sign still posted outside of R64's room, on 11/22/21 at 09:30 AM, observation revealed CNA F entered R64's room without donning the proper PPE (gown and gloves). When the CNA F exited the room, she reported she should have had PPE (gown and gloves) on and had just forgotten.</p> <p>On 11/23/21 at 11:00 AM, observation revealed CNA G entered R64's room with no gown or gloves worn handling the resident's room tray. CNA G rearranged things on the residents over bed table and visited with the resident for a short while. She then left the residents room. (TBP sign still observed posted outside of R64's room).</p> <p>On 11/18/21 at 08:11 AM LN E stated he had not changed R64, so he did not have to wear PPE unless he was changing the resident. He was just replacing her O2 mask that she had taken off. The resident was to have her O2 on continuous as she was just readmitted from hospital due to pneumonia.</p> <p>On 11/22/21 at 10:20 AM CNA F stated R64 was on TBP since she returned from the hospital. She did not even think about it when she entered R64's room, she just knew the light was on and answered it.</p> <p>On 11/23/21 at 11:05 AM CNA G stated she did not even see the cart by the door or the sign on the door. She did not realize R64 was on TBP until she saw the bins in the room.</p> <p>On 11/22/21 at 10:05 AM LN J confirmed all staff were to wear PPE when they entered R64's room. That is why there was a cart by the doorway and a sign up on the door.</p> <p>On 11/23/21 at 11:30 AM Administrative Nurse B confirmed all staff had been trained in donning and doffing PPE and she had done on the spot training with a few staff.</p> <p>The facility Infection Prevention and Control Program policy revised October 2018 documented the staff were educated and would adhere to proper techniques and procedures.</p> <p>The facility failed to ensure the staff used appropriate PPE with R64, who was on TBP.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2021
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>The facility reported a census of 65 residents. Based on observation, interview, and record review the facility failed to maintain an effective pest control program to ensure the facility was free of live cockroaches.</p> <p>Findings included:</p> <p>- Observation on 11/18/21 at approximately 08:00 AM revealed a small live cockroach crawling off a tray of water and coffee dietary staff brought to the conference room.</p> <p>Observation on 11/22/21 at approximately 09:30 - 09:45 AM revealed three small, live cock cockroaches crawling in the hallway outside of the kitchen and near the east nurses' station.</p> <p>Observation during tour of the kitchen on 11/22/21 at 11:30 AM while dietary staff C pureed Salisbury steak and vegetables for four residents, a live cockroach crawled across a cutting board including utensils being used by the staff. Another cockroach crawled on the floor and was killed by the surveyor. During meal service, two cockroaches crawled across and in between the plates, another large cockroach crawled across the steam table in front of the food, another cockroach was on the side of the refrigerator, another cockroach crawled on the floor, and another cockroach crawled on the floor in front of the ice machine. A total of seven live cockroaches were witnessed in the kitchen in food preparation areas from 11:30AM to 12:15 PM.</p> <p>Observation on 11/29/21 at approximately 04:30 PM revealed a live cockroach crawling up the wall next to a south window in the conference room.</p> <p>On 11/22/21 at 12:10 PM Dietary Staff D stated they have had a little bit of a problem with cockroaches but maintenance sprays when we see any.</p> <p>On 11/22/21 at 12:15 PM Dietary Staff C stated the cockroaches were bad in the kitchen.</p> <p>On 11/22/21 at 01:30 PM Administrative Staff A stated she had contacted a new pest control company and requested they spray for cockroaches every week for 30 days. The facility provided plastic totes to the residents to store personal food items in their rooms. Administrative Staff A also stated cockroaches were found in the motors of the residents' mini refrigerators and in the Administrator's office.</p> <p>The October 2008 Sanitation policy documented the food service area shall be maintained in a clean and sanitary manner. All kitchen areas shall be kept clean, free of litter and protected from rodents, roaches and other insects.</p> <p>The facility failed to maintain an effective pest control program to ensure the facility was free of live cockroaches.</p>		